## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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STREET ADDRESS

**SIGNATURE:** 

**FILED** Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H80025 (0) PATTERSON'S OFFICE SUPPLY, INC. Mailing Address Principal Place of Business 3722 GRISSOM LANE \* RICHARD NICK KELLEY 206 S BEAUMONT AVE. KISSIMMEE FL 34742 DO NOT WRITE IN THIS SPACE KISSIMMEE FL 34741 3. Date Incorporated or Qualified 10/03/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2584035 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution 23 26 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 26 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KELLEY, RICHARD NICK 206 S BEAUMONT AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with land accept the objections of, Section 607.0505, Florida Statutes. **SIGNATURE** ne of registered agent and title if applicable Signature, type NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1 1 TITLE Change NAME PATTERSON, BRIAN M. 1.2 NAME PATTERSON, JANE B. STREET ADDRESS 1708 CORNETT PLACE 1.3 STREET ADDRESS 1706 CORNETT PLACE 34741 KISSIMMEE FL KISSIMMEE FLORIDA CITY-ST-ZIP 1.4 City - St - 7IP DELETE Addition TITLE 2.1 TITLE Change PATTERSON, JANE NAME 2.2 NAME STREET ADDRESS 1708 CORNETT PLACE 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TOTALE 3 1 TITLE WE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 41 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2NP DELETE TITLE 6.1 TITLE ☐ Change \_\_\_ Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

President

407-847-8899